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PTO/SB/82 (09/04)

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| REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/663,307 |
| | Filing Date | September 16, 2003 |
| | First Named Inventor | Dale A. Frantz |
| | Art Unit | 3728 |
| | Examiner Name | |
| | Attorney Docket Number | 132695-0005 (form. 16524) |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------|-----------|--------------|
| Signature | | | |
| Name | Dale A. Frantz | | |
| Date | 1-26-05 | Telephone | 419 255 5335 |

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of One (1) forms are submitted.

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